Amendment to the drawings:

Substitute the Replacement Sheet 1/9 enclosed herewith for drawing sheet 1/9 filed with the application.

REMARKS

This is in response to the Office Action of April 26, 2007. Claim 1 is amended to recite the feature of claim 2, and claim 2 is cancelled, without prejudice. Claim 1 is also amended to recite up-regulation of L-FABP as in original claim 5, and claim 5 is cancelled, without prejudice. A minor formal amendment is made to claim 3. Claim 4 is amended to recite the chemical name of MCC-555. New claim 6 is added, specifying that the renal disease is focal glomerulosclerosis. No new matter is introduced by this Amendment.

DRAWINGS. Objection was raised to the drawings. Applicants submit herewith a replacement of Figure 1, which provides a clearer copy of the electron micrograph that is shown in Figure 1.

SPECIFICATION. Objection was raised to the specification. The current status of the parent application has been inserted into the specification.

FORMAL REJECTION. Claims 1-4 were rejected under the first paragraph of 35 U.S.C. § 112 as exceeding the scope of the enablement. The Examiner argued that the specification does not enable the treatment or prophylaxis of ***any*** renal disease by administering ***any*** PPAR agonist. Claim 1 as amended specifies that the renal disease is glomerulonephritis, nephrotic syndrome, focal glomerulosclerosis, immune complex nephropathy, lupus nephritis, drug-induced renal injury, or renal insufficiency. Claim 1 as amended additionally specifies that the active ingredient must not only be a PPAR agonist but also must have activity of up-regulating the

expression of L-FABP. It is respectfully submitted that the claims in their current form fully satisfy the enablement of the first paragraph of 35 U.S.C. § 112.

ANTICIPATION. Claims 1 and 4 were rejected under 35 U.S.C. § 102 as being anticipated by US 6,353,009 B1 ("Fujiwara"). The rejection is respectfully traversed.

Fujiwara discloses the use of an insulin-resistance improving substance (insulin sensitivity enhancer), such as a thiazolidinedione compound, for the treatment of hyperuricemia. This hyperuricemia is characterized by an abnormal increase of blood uric acid level. Examples of disorders caused by the hyperuricemia include gout, hyperuricemic nephropathy, chronic gouty nephropathy, acute hyperuricemic nephropathy, and the like. Column 1, lines 32-26. However, hyperuricemic nephropathy is a disease that is secondarily caused by deposition of uric acid into a kidney. Fujiwara is directed only to hyperuricemia, and decreasing uric acid. Fujiwara does not mention renal diseases other than hyperuricemia. The only specific treatment disclosed in Fujiwara is administration of troglitazone to human patients who had suffered from diabetes and hyperuricemia. This treatment decreased the blood uric acid level. Column 50, lines 20-45, EXAMPLE.

Thus, the import of the Fujiwara disclosure is that an insulin-resistance improving substance can be used for treating hyperuricemia or for decreasing uric acid levels.

Methods of decreasing uric acid levels are irrelevant to the method of the present invention. Also, the present method is not intended to treat hyperuricemic nephropathy by decreasing uric acid in hyperuricemia.

OBVIOUSNESS. Claims 1-4 were rejected under 35 U.S.C. § 103 as being unpatentable over US 2002/0115699 A1 ("Buckingham") in view of Mukherjee et al., *Nature*, 386:407-410 (1997) ("Mukherjee"). The rejection is respectfully traversed.

Buckingham discloses the use of an insulin-resistance improving substance (insulin sensitizer), such as a thiazolidinedione compound, for the treatment of renal diseases. The Buckingham disclosure is mainly concerned with the treatment of diabetic nephropathy related to Type II diabetes. Page 1, left column [0005], lines 1-9. As a specific example of treatment, Buckingham provides an experiment which shows the effect of a thiazolidinedione compound on Obese Zucker rats (Zucker fa/fa rats) developing chronic nephropathy. Pages 1-6, [0070] – [0095], Examples 1-2.

It is known that nephropathy in Obese Zucker rats is related to diabetes. Zucker fatty rats are model animals sharing a common feature of impaired glucose tolerance (IGT), which is a prodromal stage of Type II diabetes and is also called "borderline type diabetes." IGT leads to Type II diabetes. See the Buckingham article cited in the IDS filed on March 26, 2004. Zucker fatty rats develop secondary nephropathy, as is the case with diabetic patients. Further, insulin-resistance improving substances (insulin sensitizers) are known as remedies for diabetes. Such substances show enhancement of insulin action in Obese Zucker rats also. Accordingly, the effect of treatment specifically shown in the Buckingham published application merely demonstrates the effect of a remedy for diabetes (an insulin sensitizer) on model animals developing nephropathy cause by diabetes.

Thus, the import of the Buckingham disclosure is that an insulin-resistance improving substance can be used for treating nephropathy caused by diabetes.

Unlike Buckingham, the presently claimed method is not directed to the treatment of nephropathy caused by diabetes.

The Mukherjee reference does not bring the prior art any closer to Applicants' claims. Mukherjee discloses that antidiabetic activity of RXR agonist can be further enhance by combination treatment with PPARγ agonists such as thiazolidinedione compounds, etc. Although Mukherjee discloses that thiazolidinedione compounds (TZDs) activate PPARγ, Mukherjee fails to teach or suggest that such compounds can be used in the treatment of renal diseases.

Conclusion

Neither Fujiwara nor Buckingham nor Mukherjee – alone or in combination – teaches or suggests a method for treating renal disease ***not caused by diabetes*** by up-regulating L-FABP (liver-type fatty acid-binding protein), which involves use of a compound that is both a PPAR agonist and an up-regulator of the expression of L-FABP. Accordingly, withdrawal of the rejections over the prior art is in order and is earnestly solicited.

If there are any questions concerning the present application, the Examiner is respectfully requested to contact Richard Gallagher (Reg. No. 28,781) at (703) 205-8008.

Respectfully submitted,

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